

## **Not enough staff, services available in Erie County for mental health crises**

When it launched in May, the Crisis to Care Collaborative committed to a bold goal: It promised to improve the crisis response for people experiencing a mental health emergency in Erie County.

It took a step toward that goal Tuesday, with the release of a report that analyzed the region's mental health crisis response system and will help guide future improvements.

The report found the mental health emergency response system to be fragmented, involving a complex web of city, county and state agencies as well as nonprofits. It found too many calls to crisis hotline numbers going unanswered and too few mobile crisis teams in the area to meet demand. It also found that far too many people are ending up at Erie County Medical Center for a crisis that doesn't require hospitalization.

"The gaps are real, but people working together are beginning to identify some solutions that would be more efficient and better for the people involved," said Mike Hogan, the report's lead author and a former commissioner of the state Office of Mental Health.

Hogan credited the Crisis to Care Collaborative, and its major supporter the Patrick P. Lee Foundation, for involving so many different agencies and committing to systematic changes rather than one-off solutions. Thirty government agencies and nonprofits participated in the report, with 10 of them contributing data. And with buy-in from so many different leaders, including elected officials in Erie County and Buffalo along with Erie County Medical Center administrators, the report provides a glimpse at how the crisis response system could change.

'We have to get it right': New center to aid Buffalo's mental health crisis response. The 24/7 BestResponse Intensive Crisis Center could help children and adults experiencing a mental health or substance use crisis to receive counseling, medication support and connections to follow-up care.

The nonprofit Crisis Services provided data for the report and is involved in the collaborative's efforts. President and CEO Jessica Pirro said the report brought forward "some of the pain points" that emergency providers, including Crisis Services, have felt since the Covid-19 pandemic, which only made staffing more challenging. But Pirro said she feels the collaborative has the right team in place to make improvements, noting "the current system we have is producing the outcome we have."

"I just really believe that having the right people in the right time in the right moment will move this forward, and I feel like we're there," she said, "and this initiative is holding collective accountability, which I think is also important."

### **The call comes in**

Crisis Services, which began operations in 1968, has long operated a hotline to serve those experiencing a mental health crisis. It also is the call center that handles 988 calls that originate in Erie County.

In 2024, more than 78,000 Erie County calls were made to Crisis Services' 24-hour crisis hotline (716-834-3131) or to 988, the suicide and crisis lifeline launched nationwide in 2022. Of those calls, nearly 52,000, or around two-thirds of the total, were resolved over the phone, meaning a counselor was able to de-escalate the situation and connect the person to services.

But the report also found more than 21,500 of those calls, or nearly 28%, went unanswered.

Pirro noted that figure includes callers who hang up in seconds and may decide they're not ready to talk to someone as well as frequent callers who make multiple calls. An unanswered call, Pirro noted, also doesn't mean that a caller wasn't served later on.

That figure, however, also includes callers who decide not to wait for an available counselor. The goal for crisis hotline centers is to answer calls within 30 seconds, but caller volume and needs can be unpredictable.

"One of the things we also have seen is just the need for our callers needing more time on the line than maybe what we've historically seen," said Pirro, noting that more supportive counseling can back up other calls waiting.

The report notes crisis centers across the country have struggled with staffing challenges that can drive up wait times.

### **More mobile crisis teams needed**

Crisis Services also operates a 24/7 mobile outreach program serving Erie County. The report notes that program has about 10 teams – each with a master's-level licensed counselor and a bachelor's-level professional – who can be dispatched to the scene of a crisis. Those teams have been proven effective at diverting people from jail and the hospital.

Of the 3,804 mobile crisis dispatches in 2024, 1,711, or 45%, resulted in a completed visit. Of those, 960 calls were resolved on scene and 751 resulted in a transport to Erie County Medical Center.

Mobile crisis teams, Hogan said, are effective at determining when inpatient treatment is needed, with 75% of those taken to the hospital after a mobile visit actually getting admitted. Of the total mobile crisis dispatches last year, 2,093, or 55%, did not result in a completed assessment of the person in crisis.

**'Unprecedented collaboration': Could innovative model in Buffalo's Fruit Belt bolster region's mental health services?**

The center's opening comes at a pivotal time, as mental health is getting more attention – and dollars – statewide and federally after the pandemic brought on an increased demand for services.

Importantly, the report notes, a majority of crisis calls handled by the mobile outreach program and deemed "urgent" are completed in an hour or less. For calls not classified as urgent, it can take hours or until the next day to respond, the report found. While many factors play into it, including long wait times for police, ambulance and multiple attempts to find a client, the biggest issue is there just aren't enough mobile crisis teams to meet demand.

"This is a model that works; it's just under-resourced," Pirro said.

More resources are coming. Through the work of the Crisis to Care Collaborative, the Patrick P. Lee Foundation plans to provide support allowing Crisis Services to roughly double its number of mobile crisis teams over the next three years, Pirro said.

### **Co-response teams effective but limited**

What always strikes Hogan is the extent the United States hands over its response to mental health emergencies to law enforcement.

As an alternative to traditional police-only response, several local police departments, including Buffalo, Cheektowaga and West Seneca, have established co-response behavioral health teams. Those teams, which pair specially trained officers with mental health clinicians, have shown promise but their impact is limited so far, the report found.

At regional mental health forum, Erie County official notes 'there's much work to do to improve our crisis system'

The New York Association of Psychiatric Rehabilitation Services held a Western New York regional forum Thursday at the Buffalo & Erie County Public Library.

For example, in 2023, Endeavor Health Services found that 85% of those transported to Erie County Medical Center at the direction of the Buffalo behavioral health team were admitted to the hospital for inpatient care. That indicates effective on-scene triage.

The Buffalo Police Department gets an average of 18 behavioral health calls each day, and the department's behavioral health team only self-dispatches to one of those calls a day – only on weekdays because the team does not have staff for weekend coverage. And when those teams are dispatched, it is typically in addition to a traditional police response.

At the Cheektowaga Police Department, the behavioral health team is only able to respond to one out of every 18 mental health-related calls for service.

"Neither Crisis Services right now nor these co-response teams have enough staff to be able to intercept and assist in all the cases that they should," Hogan said.

A recent report found that far too many people are ending up at Erie County Medical Center for a mental health crisis that doesn't require hospitalization.

### **Too many people at ECMC**

When police or ambulances respond to a mental health call, they almost always transport the person to ECMC when immediate care is required.

ECMC operates one of the state's busiest Comprehensive Psychiatric Emergency Programs, which can provide psychiatric evaluation and treatment for people experiencing a mental health crisis. While people can go to the 24/7 CPEP voluntarily, the state's Mental Hygiene Law requires that people taken involuntarily to a hospital for psychiatric evaluation and treatment must be taken to a CPEP, the report notes.

A major issue is that only 2,500 people, or about one-quarter of the people arriving at CPEP last year, were admitted for inpatient treatment. That suggests that many visitors could have been served through alternative community-based programs instead of the hospital.

Buffalo's lone mental health ER overwhelmed as patients, families question conditions  
The Buffalo News interviewed several patients in recent weeks who painted a stark portrait of what they experienced at ECMC's Comprehensive Psychiatric Emergency Program.

And those community-based programs are cheaper. Each CPEP encounter costs around \$3,154, compared to \$1,035 for a regular Emergency Department visit.

With the high volume at CPEP, wait times for a psychiatric assessment frequently exceeds three to four hours, "exacerbating an already difficult experience for patients," the report found. Alternatively, ECMC's Help Center, which is open 8 a.m. to midnight daily, is a walk-in, urgent care service for mental health treatment of adults. It served more than 1,200 people last year, but the report noted additional awareness of the service is needed to reduce the overuse of CPEP. ECMC also is eagerly awaiting the opening in late January of BestSelf Behavioral Health's BestResponse Intensive Crisis Center at 430 Niagara St. in Buffalo.

"The center will provide a much-needed alternative to our Psychiatric Emergency Department – offering around-the-clock, immediate care for certain individuals experiencing mental health or substance use crises," said ECMC CEO Thomas Quatroche.